Spring Break Out

Schools out!! Break Out this Spring Break with an exciting week of activities! There will be field trips, dodge ball, arts & crafts, cooking and more. This is 5 days of pure FUN!

Open to the first 45 kids, ages 6-11 monday, march 11-172

Tuesday, March 12- Archery/Riflery & Cooking Wednesday, March 13- Houston Rodeo AGventure Thursday, March 14- Archery/Riflery & Craft Friday, March 15- Little Beakers

\$100 Resident/\$110 Non-Resident 7:30am-5:30pm \$125 Resident/\$135 Non-Resident 7:00am-6:00pm Must register in advance for extended care Dimmy Burke Activity Center



For more info call 281-478-2050 or visit us at u



Spring Break Out Registration Form (Please Fill Out One Form Per Child)

Please Print

| Child's Name: | Age: | Sex: |
|---|---|------|
| Address: | City: | Zip: |
| Phone: | Date of Birth: | |
| Mother/Guardian Information | | |
| Name: | Employer: | |
| Work Phone: | Cell Phone: | |
| E-Mail: | | |
| Father/Guardian Information | | |
| Name: | Employer: | |
| Work Phone: | Cell Phone: | |
| E-Mail: | | |
| Emergency Contact Information (Other than | Parent) | |
| Name: | Relationship: | |
| Address: | Phone: | |
| Authorized Person(s) to pick up my child are (I understand my child will not be released with anyone not | on the list or without proper authorization | , |
| Name: | | |
| Name: | Relationship: | |
| Name: | Relationship: | |
| Name: | Relationship: | |
| <u>Password</u> | | |
| As a safety precaution, please do not allow your child released unless they know the password or are on the | | |
| My child's password is: | | |

<u>Medical Information</u>

| our child on any type of medications? es, please list: | Yes No |
|--|---|
| es your child have any specific medical needs? es, please list: | Yes No |
| es your child have any allergies? es, please list: | Yes No |
| you carry family medical/hospital insurance? es, please indicate | Yes No |
| rrier: | Policy Number: |
| ase list special instructions you would like us to kno | w: |
| | |
| nergency Information | |
| me of Physician: | Phone: |
| me of Dentist: | Phone: |
| dical Information (Please check any of the following co | nditions which affect your child.) |
| Frequent Ear Infection Frequent Nose Bleeds Convulsions Diabetes Glasses | Has Had Chicken Pox Has Had Measles Has Had German Measles Has Had Mumps Does Have Asthma |
| | |

Medical Release

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me. In the event that I can't be reached in an emergency, I hereby give my permission to the physicians selected by the program to order x-rays, routine tests and treatment or hospitalization for my child. I understand that every effort will be made to contact me in the case of any emergency.

Waiver of Liability

I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and physical condition. I agree to indemnify and hold the City of Deer Park and its employees harmless from liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating in the City of Deer Park's Parks and Recreation activities. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, video tape, motion pictures, recordings, or any other record of this event for future publicity.

Spring Break Out 2013 Camp will be held at:

Camp will be held at:
Jimmy Burke Activity Center
500 W. 13th Street, Deer Park, TX
281-478-2049 (Activity Center)
281-831-2884 (cell phone)

| Manday Marak 11 | Diagon and your shild with 2 angels We will be providing |
|--------------------|--|
| Monday, March 11 | Please send your child with 2 snacks. We will be providing |
| Field Trip: ITZ | lunch for the kids at ITZ pizza. You may send your child with |
| | extra spending money however, it will be their responsibility to |
| | keep up with it. We will be leaving the building at 11:00am and |
| | be back by 3:00pm. |
| Tuesday, March 12 | We will be staying at the Jimmy Burke Activity Center for the |
| | day. We will be doing a cooking activity. Please send your child |
| | with a sack lunch and a snack. |
| Wednesday, March | Please send your child with a SACK lunch and 2 snacks. We will |
| 13 | be eating outside on HLSR grounds so we will not be carrying |
| Field Trip: HLSR | around extra bags. Once lunch is finished all items will be |
| AGventure | thrown away. We will not be allowed to go back to the bus to |
| Adventure | put away lunch kits. We will be leaving the building at 10:00am |
| | ' |
| | and be back by 3:00pm. You may send your child with extra |
| | spending money however, it will be their responsibility to keep |
| | up with it. We will not be riding carnival rides. |
| Thursday, March 14 | We will be staying at the Jimmy Burke Activity Center for the |
| | day. We will be doing an arts and craft activity. Please send |
| | your child with a sack lunch and a 2 snack. |
| Friday, March 15 | Please send your child with a lunch and 2 snacks. We will be |
| Field Trip: Little | leaving the building at 9:00am and be back by 1:30pm. We will |
| Beakers | be doing 5 different experiments in the science lab at Little |
| 200 | Beakers. |
| | **Details are subject to change. You will be notified as soon as |
| | possible. Thank you for your cooperation. |
| | possible. Itiatik you for your cooperation. |